

02/16/2017 THU 13:00 FAX 8655 42168 Det of Health

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PRINTED: 02/09/2017
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02A & B) BUILDING 878 W MAIN ST C. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2017
NAME OF PROVIDER OR SUPPLIER WHARTON NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 WEST MAIN STREET PLEASANT HILL, TN 38578			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: Observation on 02/07/2016 at 9:29 AM, revealed 3 penetrations in the ceiling of the drywall ceiling of the telephone room by bundles of wires. NFPA 101, 8.3.5 (2012 Edition). Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 02/08/2017.	N 831	The penetrations have been corrected and are no longer visible. Maintenance and the Safety Team will do weekly audits to ensure there are no penetrations in the drywall. Entire Maintenance Department will be educated regarding N831 Building Standards by March 1, 2017. Objectives Include: Maintenance Department and the Safety Committee will do weekly audits to ensure there are no drywall penetrations. Monthly reports for drywall penetrations will be presented to the Quality Assurance team to be sure we are within compliance. This quality assurance audit is to be implemented house-wide and the results of these audits will be reviewed at the monthly Quality Assurance meeting, with an expectation of 100% compliance. Objectives: Maintenance staff will be aware of need to perform drywall inspections every week and correct any deficiencies.	2/22/17 3/1/17 3/1/17	
N 848	1200-6-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.	N 848	(N831 continued) Maintenance staff will report drywall penetration finding in Quality Assurance meeting each month with the expectation of 100% compliance. When 100% compliance is met for 3 consecutive months, then we will stop the audit. After which time the Maintenance Department will report drywall penetration deficiencies and corrections in each Quality Assurance monthly meeting.	3/1/17	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

TITLE

(X6) DATE

STATE FORM

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If on continuation sheet 1 of 4

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - (A & B) BUILDING 878 W MAIN ST B. WING: _____		(X3) DATE SURVEY COMPLETED 02/07/2017
NAME OF PROVIDER OR SUPPLIER WHARTON NURSING HOME		STREET ADDRESS, CITY, STATE, IP CODE 878-880 WEST MAIN STREET PLEASANT HILL, TN 38578			
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N848	Continued From page 1 This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the required air pressure. The findings included: Observation on 02/07/2016 at 9:27 AM, revealed no negative air pressure in the in the soiled laundry room. Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 02/08/2017.		N848	N848 Negative pressure in soiled laundry room has been inspected by Maintenance team. It is of their opinion that professional group BST (Building Systems Technology) will have to come and repair the system. BST has been contacted to come and correct the negative air pressure problem. The service ticket is #S047104 and they will work Wharton in "before March 3 rd ". Maintenance and Safety team will do weekly audits to ensure the negative air pressure system is in working order. All Wharton Maintenance staff will be educated regarding N848 Building Standards by March 1, 2017.	3/3/2017
N1410	120084.14(2)(a)5.(i) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan: Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (i) Staff duties by department and job assignment; and		N1410	(N848 continued) Objectives include: Maintenance staff and Safety Committee will do weekly audits to ensure negative pressure system is working in all areas. Monthly reports for negative pressure systems will be presented to Quality Assurance team to show compliance. This Quality Assurance audit is to be implemented house-wide and the results of these audits will be reviewed at the monthly Quality Assurance meeting, with an expectation of 100% compliance. Objectives: Maintenance staff will be aware of need to perform negative pressure audits every week and correct any deficiencies. Maintenance will report negative pressure audit findings in Quality Assurance meeting each month at 100%. When 100% compliance is met for 3 consecutive months, then we will stop the audit. After which time Maintenance will report any negative pressure deficiencies and corrections in QA.	3/1/2017

Division of Health Care Facilities
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Division of Health Care Facilities

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (II, AC, I) DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLHS DATE
N1410	Continued From page 2 (II) Evacuation procedures. This "Rule is not met as evidenced by: Based on document review, the facility failed to conduct the required disaster preparedness training. The findings included: Document review on 02/07/2017 at 8:39 AM, revealed the facility failed to conduct the required tornado, flood, and earthquake disaster preparedness trainings during 2016. Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 02/08/2017,	N1410	N1410 A tornado drill was conducted on February 23, 2017. An earthquake drill is scheduled for February 24, 2017 along with a Flood drill on February 27, 2017. Maintenance department will conduct a tornado drill, an earthquake drill and a flood alert annually beginning March 1, 2017. The entire Wharton Maintenance department will be educated regarding N1410 Disaster Preparedness by March 1, 2017. Objectives include: The Maintenance Department will audit and report every month to the Quality Assurance team that we are in compliance with Disaster Preparedness. This Quality Assurance audit is to be implemented house-wide and the results of this audit will be reviewed at the monthly Quality Assurance meeting with an expectation of 100% compliance.	3/1/17 3/1/17 3/1/17
N1411	1200-8-6M.14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan: Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year: (I) Staff duties by department and job	N1411	Objectives: Maintenance staff will be aware of need to perform Disaster Preparedness drills annually. Maintenance staff will report Disaster Preparedness drill results in Quality Assurance meeting each month at 100%. When 100% compliance is met for 3 consecutive months, then we will stop the audit. After which time, the Maintenance Department will report Disaster Preparedness Drill results and corrections in each Quality Assurance Meeting.	

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NAME OF PROVIDER OR SUPPLIER WHARTON NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 678-680 WEST MAIN STREET PLEASANT HILL, TN 38578		
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N1411	Continued From page 3 assignment; and (II) Search team searching the premises. This Rule is not met as evidenced by: Based on document review, the facility failed to conduct the required bomb threat disaster preparedness training. The findings included: Document review on 02/07/2017 at 8:40 AM, revealed the facility failed to conduct the required bomb threat disaster preparedness training during 2016. Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 02/08/2017.	N1411	N1411 A Bomb Threat Disaster Preparedness drill will be performed on February 28, 2017. Maintenance department will conduct Bomb Threat Disaster Preparedness drills annually and maintain records for 3 years. All Wharton Maintenance staff will be educated regarding N1411 Disaster Preparedness Bomb Threat on February 27, 2017 Objectives include: The Maintenance Department will audit and report every month to the Quality Assurance team that we are in compliance with Disaster Preparedness Bomb Threat. This quality assurance audit is to be implemented house-wide and the results of this audit will be reviewed at the monthly Quality Assurance meeting with an expectation of 100% compliance. Objectives: Maintenance staff will be aware of need to perform Disaster Preparedness Bomb Threat drills annually. Maintenance staff will report Disaster Preparedness Bomb Threat drill results in Quality Assurance meeting each month at 100%. When 100% compliance is met for 3 consecutive months, then we will stop the audit. After which time the Maintenance department will report Disaster Preparedness drill results and corrections in each Quality Assurance meeting.	2/28/17 3/1/17 2/27/17 3/1/17